

No. 98812

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98812 Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death,

March 24 - 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elsene Thea

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

6¹/₂

Years,

7

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore,

always

Place of Death,

{ Give Street and Number. }

14 1013 & Bidale st

Cause of Death,

{ First (Primary), }

Diphtheria

{ Second (Immediate), }

Septicemia

Duration of Last Sickness,

five days

All the above information should be furnished by the Physician.

Place of Burial,

Texas Baltimore

Date of Burial,

Mch

25th

{ Undertaker,

W. Caddigan

{ Place of Business,

227 Mulberry st

Address,

25 S. Eden st

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

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Health Department, City of Baltimore.

Permit No. 98813 Office of Registrar of Vital Statistics. Ward 6th

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CERTIFICATE OF DEATH.

Date of Death, March 24 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Mathews

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give Street and Number. } 125 N Castle St.

Cause of Death, { First (Primary), Second (Immediate), } Pericarditis
Asphyxia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, Mar. 25 / 87.

{ Undertaker, Frank Crach

{ Place of Business, 827 N. Durham St. Address,

J. H. Collenberg M. D.
Medical Attendant.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 98814 Office of Registrar of Vital Statistics. Ward 11
9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH. B

Date of Death, March 23, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick J. Levy

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 32 Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } No. 246 Bank St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Mar 25 '87

{ Undertaker, W. Clark M. D.

Medical Attendant.

{ Place of Business, 220 Ann Address, 111 S. Broadway

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 98815

Office of Registrar of Vital Statistics.

Ward 5th

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CERTIFICATE OF DEATH.

Date of Death, March 23 '87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Stimmell.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, { Give Street and Number. } No. 243 Chestnut St.

Cause of Death, { First (Primary), Second (Immediate), } Valvular disease of heart

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Mar 25th 1887

Undertaker, Geo. Rinehart Alexander Hill M. D.

Place of Business, Health Office Address, Coroner

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98816 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Hall

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 10 Months, 24 Days

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ———

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 1 year 10 mo 24 da

Place of Death, { Give Street and Number. } No. 1221 Filmore St.

Cause of Death, { First (Primary), } Croup
{ Second (Immediate), }

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Mar 28th 1887

{ Undertaker, Alex Hensley } E. M. Reid M. D.
Medical Attendant.

{ Place of Business, 561 Orchard St. Address, 904 N. Front St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore.

Permit No. 98817 Office of Registrar of Vital Statistics. Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, March 24th 1887
Full Name of Deceased, Maggie Will
Sex, Female
Age, 12 Years, 12 Months, 12 Days.
Color, White
Married, Single, Widow or Widower, Single
Occupation, Life
Birth Place, Baltimore City
Duration of Residence in the City of Baltimore, Life
Place of Death, No. 1005 Eastern Ave.
Cause of Death, Premature Birth (7 months)
Mania
Duration of Last Sickness, All its life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery
Date of Burial, March 25th 1887
Undertaker, Fred. Goode
Place of Business, U. Caroline St. Address, Cross St & E

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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John Ch. De Goez Inspector

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Permit No. 98818 Office of Registrar of Vital Statistics.

Ward 7th

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CERTIFICATE OF DEATH.

Date of Death, March 23^d 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sara Plum
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
Age, 92 Years, _____ Months, _____ Days.
Color, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, { Give Street and Number. } Stetson Hospital

Cause of Death, { First (Primary), Second (Immediate), } Senility

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial Loyd Cemetery

Date of Burial, March 25

Undertaker, W. H. & Co.

W. H. & Co. M. D.

Medical Attendant.

Place of Business, 626 W. Bath Address, Gay & Caroline Streets

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Health Department, City of Baltimore.

Permit No.

98819

Office of Registrar of Vital Statistics.

Ward

1st

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CERTIFICATE OF DEATH.

Date of Death,

24th March 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Caroline Meyer

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

69 Years,

5 Months,

11 Days.

Color,

white

~~Married~~, Single, Widow or

~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Dressmaker

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Bayreuth, Bavary, Germany

Duration of Residence in the City of Baltimore,

34 years

Place of Death,

{ Give Street and Number. }

Eastern Ave 2220

Cause of Death,

{ First (Primary), Second (Immediate) }

Degenerative renal scirrhus

Duration of Last Sickness,

4 years

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel

Date of Burial,

March 26 1887

Undertaker,

H. Sander & Son

1708 + 1710

Place of Business,

Canton ave

Address,

S. Wolfert 318.

William Henkel

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department City of Baltimore.

Permit No. 98820 Office of Registrar of Vital Statistics.

Ward 7

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CERTIFICATE OF DEATH.

Date of Death, March 23-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Watts

Sex, ~~Male~~ or Female, { Cross out the word not required in this line }

Age, 20 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1633. E. Monument Street

Cause of Death, { First (Primary), Second (Immediate), } Inhalation of chloroform
Paralysis of the Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, March 27/87

Undertaker, Wm. Dickner Edell Rutledge M. D.

Place of Business, 221 Kentaw St Address, 403. N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 9882

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Health Department, City of Baltimore.

Permit No. 9882 / Office of Registrar of Vital Statistics. Ward 7

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CERTIFICATE OF DEATH.

Date of Death, March 22 87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas M Gittings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Drayman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1833 Chew st

Cause of Death, {First (Primary), Heart disease
Second (Immediate), Paralysis of Heart

Duration of Last Sickness, about 1/4 hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 27th

Undertaker, Mr J Schaeffer

Place of Business, 8 S. Front St Address, New to 2004 P. B. May

M. D.

Medical Attendant.

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[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.